

NEEDLE DECOMPRESSION OF THE CHEST (NDC)

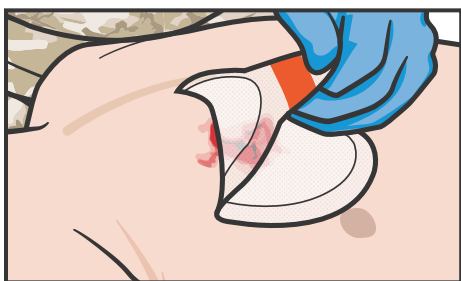


CONSIDER body substance isolation.

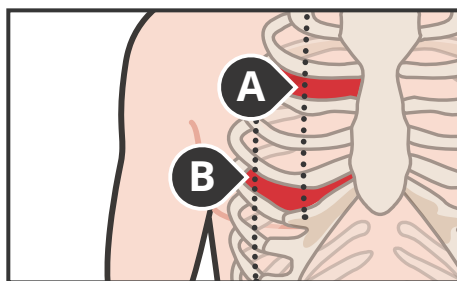
NOTE: If a Combat Lifesaver is available, direct them to assist.

01 ASSESS the casualty for signs of suspected tension pneumothorax.

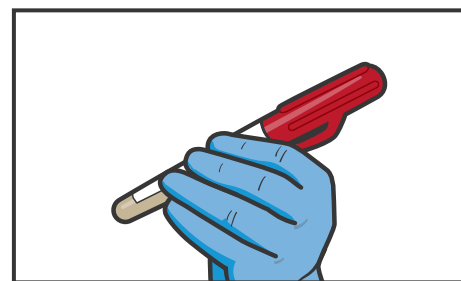
NOTE: Signs of a tension pneumothorax include significant torso trauma or primary blast injury followed by severe/progressive respiratory distress (respiratory rate of less than 8 or greater than 20 breaths per minute, or an oxygen saturation <90%).



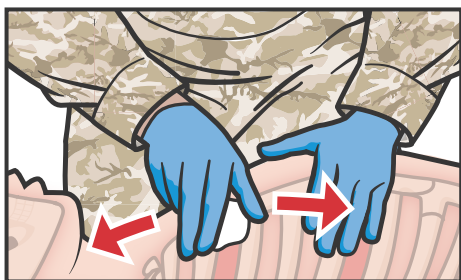
02 If a vented chest seal was previously applied, **BURP** it, or **REPLACE** the chest seal, if improperly applied and reassess the casualty.



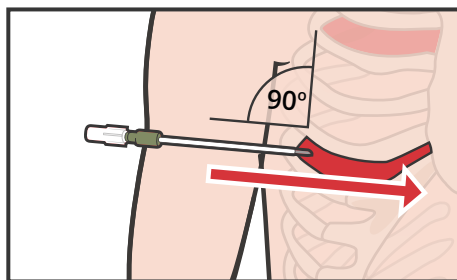
03 IDENTIFY site placement for needle insertion on the side of the injury (whichever one is more accessible):
(a) Second intercostal space (ICS) at the midclavicular line on the side of the injury
NOTE: Do not insert the needle medial to the nipple line.
(b) Fifth ICS in the anterior axillary line on the side of the injury



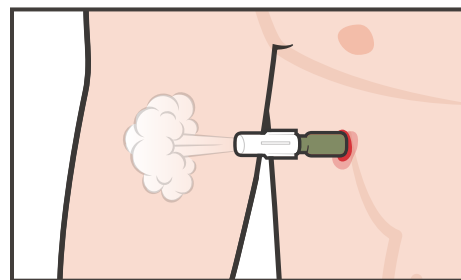
04 SECURE a 14-gauge or a 10-gauge, 3.25 in needle/catheter unit.
NOTE: Remove Luer lock cap from needle/catheter (if applicable).



05 If available, use an antiseptic solution or a pad to **CLEAN** the site.



06 INSERT the needle/catheter just over the top of the lower rib at the insertion site, at a 90-degree angle (perpendicular) to the chest wall, advancing it to the hub.



07a LEAVE the needle/catheter unit in place for 5–10 seconds to allow decompression to occur.

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